DOCUMENT RESUME

ED 403 065 PS 024 980

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TITLE An Evaluation of Health-Promoting Schools in the Finnish Network.
PUB DATE 96
NOTE 10p.; In: "Childhood Education: International Perspectives," see PS 024 960.
PUB TYPE Reports - Evaluative/Feasibility (142)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Elementary Secondary Education; Foreign Countries; *Health Education; Health Programs; *Health Promotion; Program Attitudes; Program Effectiveness; School Community Relationship; Teacher Attitudes
IDENTIFIERS Finland

ABSTRACT

The European Network of Health-Promoting Schools aims to promote health in the school community by supporting development of health education programs, introducing new teaching methods, presenting applicable action models, and increasing collaboration between schools and the community. This article describes and evaluates the functioning of the network in Finnish schools through conclusions drawn from an interview of teachers. Two themes are explored: cooperation and interaction in the school community, and the process of planning the health education curriculum. The article begins by describing the elements of the network's program, including within-school programs, cooperation between school and local authorities, involvement of the community, changes in health policies, and the role of the media. The article then presents conclusions from the teacher interviews. In the area of cooperation and interaction, topics such as changes in personal relationships, common activities, parental involvement, and external partnerships are discussed. In the area of health education curriculum, issues discussed include the portion of the curriculum allocated to health education, the involvement of students, its integration into other subjects, and the role of the teacher. The article concludes that the network's program has contributed to a more systematic, and therefore more effective, approach to health education. (EV)

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ED 403 065

AN EVALUATION OF HEALTH-PROMOTING SCHOOLS IN THE FINNISH NETWORK

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PS 024380

The Background of the Health Education Programme

The European Network of Health-Promoting Schools is a project jointly launched by the World Health Organization (Regional Office for Europe), the Council of Europe and the Commission of the European Communities. The programme for health-promoting schools aims at overall enhancement of health and social well-being of school children. It aims at promoting health in the school community by supporting development of health education programmes, introducing new ideas and teaching methods, presenting a variety of applicable action models, increasing interaction between schools and the surrounding community and developing collaboration between European schools.

A total of 75 Finnish comprehensive and vocational schools have entered the Network since 1993. Each school is committed to the project for three years and will implement the project programme according to the local needs and circumstances. The national curriculum for comprehensive schools defines health education as a key set of subjects that can be incorporated into other subjects. The newly established right of schools to plan their own teaching programmes offers them the opportunity to give greater considera-

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tion to health matters in drawing up their curricula. The purpose of health education is to support the healthy growth and development of the pupils, and to promote healthful lifestyles. It should guide the pupils to acquire the basic information, skills and readiness to preserve and promote their personal health and the health of their community.

The project work group produces teaching materials and organizes national and local seminars regularly for teachers, school nurses and other staff responsible for pupil welfare. In every school there is a school project team and project manager. At the seminars, the participants enter into an activity to share an experience with the aim of improving human relations skills through increased trust and safety in the team.

A health promotion programme can be evaluated at one or more of three levels: process, impact, and outcome. This study concentrates on the fundamental task in evaluating the community-based health education programme in schools - understanding the process of change. The aim is not simply to assess if a health promotion programme works, but to understand why it works and what really has happened in the school community.

In this article, I shall briefly present some conclusions drawn from interviews with teachers who participated in a project seminar in autumn 1994. Two themes of the interviews are discussed here: co-operation and interaction in the school community and the process of planning the health education curriculum.

The Elements of the Healthy School Programme

An Effective School Programme

The health education taking place in schools has been criticized for being desultory and random without system. Many institutions implement health education, but each of them operates according its own objectives. Health education lacks nation-wide plans.

The school system provides an essential channel for effective health education. Other major factors in the health education of the young are the healthcare system, municipal youth and temperance activities, the home, the media and voluntary organizations. A comprehensive understanding of how to promote health is crucial. The elements of a health education programme and the means by which the school can support health need to be outlined. In addition to the traditional division between environmental factors, school healthcare (primarily health inspections) and school health education, environment in which the young grow up and are educated is also stressed and not merely in relation to health.

Through the Healthy School Programme support material is produced to help teachers in their work. In producing the support material the aim is to take into consideration the utilization of versatile teaching methods.

To prevent smoking is an educational process in which it is not a question of a lack of knowledge but a lack of social and communication skills. On a par with teacher-centred methods functional and pupil-centred methods are to be used.

Increasing Co-operation

An individual school programme is planned and carried out in co-operation with, as far as possible, both various counterparts of the school community and representatives of the local authority.

Meanwhile the School Health Education Programme is put into effect on as large a scale as the school considers appropriate. The topic in question is dealt with during lessons, in the morning "openings" (short talks etc. transmitted to the pupils) and at parents' evenings. It is essential that parents are encouraged to act effectively in their environment. In each school, the aim is to form groups comprising parents, teachers, the head-master and pupils. Co-operation and interaction between the school and home is to be made more effective by means of parents' evenings during which e.g. the smoking habits of the young are brought out and parents are informed of the prevailing smoking habits of the pupils.

Within school health education the power of the group is emphasized. At school, the benefits of not smoking are advertised through competitions that utilize group dynamics. Both competitions and theme days are designed to provide pupils with positive feedback on their non-smoking habits.

The Organization of the Community

It is most important that community-level leaders are available in schools. The schools are offered support by means of training that concerns the programme and that is directed at teachers and pupil-care personnel. In this way, commitment to the programme and correct implementation are guaranteed.

Every school participating in the Healthy School Programme should choose an intermediary. He or she takes part in the training with other willing persons, provides material, gives help with methods and otherwise promotes the development and realization of the programme.

Before the commencement of the actual programme it is introduced to local authority administrators to ensure that there is support from the upper administrative level and that the institutions outside the school are involved.

The project requires the support of the wider community and the creation of a more favourable attitude to the prevention of illness.

In implementing the programme the power of the group is utilized. In accordance with the possibilities, models that attract the young (peer leaders) are used as teachers - e.g. support pupils and idols. Support pupils act as positive role models for the other pupils.

The principles of group dynamics are utilized in declaring that "our class is a non-smoking class" and "our school is a non-smoking school". A good example of this is the Non-Smoking-Class competition that has been held among the eighth formers over the last three years.

Changes in Health Policies

This means direct environmental changes by which non-smoking habits among the young are supported. Such changes are, for example, the establishment of a smokeless environment, including smokeless staff rooms and bars, reinforced by the models provided by adults, idols and non-smoking teachers. Smoking estrangement groups for adults can also be included in the programme.

To bring about changes in health policies the role of different boards at the municipal level is emphasized in promoting non-smoking habits.

The Media:

Via the media, e.g. local radio stations and newspapers, the aim is to promote a favourable attitude amongst the public towards non-smoking habits. The members of the school community, such as pupils, teachers and healthcare staff, can utilize the media effectively to stimulate practical measures to reduce smoking among young people. The central objectives of the Healthy School Programme are:

1. The development of social and health education in schools
2. Emphasis on the welfare of the individual and the entire school community
3. The support and development of positive habits in behaviour

The following can be regarded as the operating principles of the Healthy School Programme:

1. Interaction
2. Pupil-centredness
3. Increase in self-control and self-assessment

4. Personal development
5. Positiveness
6. Fitness for application
7. Understanding health and health education

In every respect, the final conclusion could be that the preventative programme at the community level is more like "art" than "science" due to the fact that all the intervening factors cause confusion and also complicate the programme. The activity should involve administrators, teachers, health-care personnel, parents and other individuals with influence at the community level who believe in the cause and take an interest in it.

Some Conclusions from the Interviews with the Teachers

Table 1. Co-operation and interaction.

COMMON NAME: HEALTHY SCHOOL	- a general rise in self-esteem - respect for the school - co-operation - greater acceptance & feedback - a caring and spontaneous atmosphere - in the curriculum: essential
CHANGE IN PERSONAL RELATIONSHIPS	- students are motivated - social co-operation is increased - much common energy - relationships between the students & teachers are improved - everyone is involved & new ideas
ACTIVITY	- event calendar - school newspaper - theme weeks - environment project & international cooperation - non-smoking campaign - health education sessions
PARENTS ARE INVOLVED	- parents evening: healthy school project on view - visits to the children's homes - fathers are involved - questions to the parents: "What is a Healthy School?"

EXTERNAL PARTNERS

- municipal youth and social welfare offices
- the police
- new tobacco law is observed
- approval of the school board

The Healthy School Project created a firm basis for the development of school activities. The name "Healthy School" itself generated respect for the school; especially the pupils thought so and they accepted the project enthusiastically. The teachers felt that without the Healthy School Project such major changes in the school would have been unimaginable. A general rise in self-esteem occurred in the school community. The teaching and other staff increased their social communication in consequence of this common idea. Now something was really being done, not just talked about. Drawing up the new curricula had strengthened co-operation to some extent.

Due to the positive change in personal relationships a lot of common energy was found and the staff initiated many different activities. Everybody was eager to experiment, even with surprising ideas. For example, the kitchen staff actively presented new ideas to be carried out with the pupils. The school cleaners, too, contributed to the school newspaper that the pupils produced. The activities were "community action". "Collective discussion" proved positive and discussion of common matters happened little by little spontaneously.

Overall, the functioning of the school community was emphasized in the interviews with the teachers. However, they did not think that too much had been offered and they had tried to maintain a balanced approach. The character of the pupils, like not being capable of sustained effort, was also taken into consideration. All the time there was some activity, a little at a time. The pupils had been very motivated in common activities. The teachers considered that the giving of positive feedback had been learned easily in the school. The pupils had shown sympathy to the teachers, too. Attention had been paid to relations between teachers and pupils, especially if, for example, a teacher was a thorn in the pupils' flesh. The supportive function of peer leaders improved and helped, for example, to prevent school bullying.

With many new things going on in the schools, the teachers sometimes felt tired. Resources were limited and action needed money. However, the Healthy School Programme was experienced positively in spite of all the other work. The roles of the school project team and project manager were important; without them the operation would not have been guided.

The Healthy School Programme had been presented at a parents' evening. Thus, the parents were aware of the project from the beginning. The pupils and their parents had been questioned about how they understood a "healthy school". The answers were very similar: the school is free from smoking and drugs and it is comfortable, clean and human. These topics were stressed on two theme days that followed the inquiry. In the upper-secondary school,

too, the same themes were highlighted because it shared the same classrooms with the comprehensive school.

The teachers visited the homes of the seventh formers and talked with the parents and pupils. As a result, the fathers, too, were involved and had taken a very positive stand towards the project. The fathers attended the school on the parents' evenings, too, after the home visits. The teachers felt that this was the best form of co-operation between homes and schools. Now the both sides gave positive feedback and communicated more easily, too.

The teachers outside the Healthy School Project team did not consider the programme as important as the teachers within the team. Some teachers, in spite of the importance of the programme, were frustrated because insufficient resources had been directed towards it. Changing the teachers' attitudes had taken time, too. It was difficult for the teachers to find mutually convenient times for meetings to plan of the schedule, and after the schoolday they were too tired.

In addition to the healthcare service, co-operation also extended to municipal youth, social and church activities. The police had co-operated with the youth offices concerning drugs. For example, in the parents' evening the youth office discussed the drugs theme with the parents. The members of the school board and the headmaster supported the Healthy School Project.

Table 2. The health education curriculum.

PORTION ALLOCATED TO HEALTH EDUCATION	- implementation through activities - written principles - new titles for health education - as optional "on the tray" - double lessons in health education & physical training
INVOLVEMENT OF THE STUDENTS	- not essential in planning process - opinions of the students are asked: "What is the purpose of the school?" - students receive regular reports on curriculum plans and give feedback - students are equal & grown up
INTEGRATION INTO OTHER SUBJECTS	- health education & internationalization - biology, physical training, home economics - physical education teacher "as a promoter" - subject-based plans are in progress - health education is integrated into every subject - agreement on the division of labour - school nurse too little involved

ROLE OF THE TEACHERS

- health team: the practical matters
- teachers as producers and evaluators of learning materials
- general plan for the whole school period
- profile of the school: European Healthy Schools Project

There was an attempt to show clearly the portion of the teaching allocated to health education, and the principles were written down. The teachers wanted to implement health education by concrete action which would produce results. They created interesting new names for health education in order to arise interest in the topic among the pupils. The proportion of the timetable devoted to health education varied considerably from school to school. It could be as an optional subject among the other optional subjects. Or health and sport were combined in a double lesson, which was thought to cause difficulties in treating health education effectively throughout the school years. Usually separate lessons were not allowed for health education.

A special combined course was planned for the seventh formers that included teaching in health education, internationalization, data processing, communication, and food and customs. The combined course integrated many subjects and there was a distinct plan for it. The course would continue with the same principles in the following years. In the ninth form the portion of health education was half of the lessons of the learning counsellor. Teaching included the topics of human relations and family education. In the future, it was planned that health education will also be a compulsory subject for every class (now it was only in the seventh form). In this way the school tried to specialize in consequence of being in the Healthy School network.

Integration of health education into other subjects varied markedly from school to school, and it had several school-based applications. In general, integration was attempted. As a written plan it could be good, but the teachers considered that practical integration was difficult. The topic was unfamiliar to many teachers, every subject teacher had his/her own plans or there was no time to agree upon the division of teaching in health education.

The teachers put emphasis on bringing students into health education planning, although the pupils did not participate in the planning work group after all. Students were asked "What is the purpose of the school?" and how they would like to learn concerning health issues in every subject. A common meeting with the pupils was organized, where the teachers told them about the planning stage of the curriculum, and asked the pupils for feedback on it. The students were regarded as equal, grown up learners and co-operators. The parents of the pupils were not involved in the planning process but an inquiry of their hopes for health education was conducted.

The health team (the sports teachers and the school nurse) had planned the portion of health education. The aim was to produce a general plan for health education for the whole school stage. Some teachers produced teaching materials and tested them, too. Biology, sport and home economics

were emphasized but there was an attempt to integrate health education into all subjects gradually. For example, in mathematics the teachers utilized the existing Freenet communications network in teaching health education. The school nurse was too little involved in school health education, since she was only occasionally in the school. The portion of school health care did not appear clearly in the curriculum of all schools. However, by co-operative planning it was possible to avoid the teacher and the school nurse teaching the same matters overlappingly, e.g. about smoking.

Conclusion

In Finland, health education taking place in schools has been criticized for being desultory and random without system. Now in the Healthy School Programme the teachers seem to make health education more effective in the sense of a systematic approach and united objectives in drawing up a health education teaching plan as part of the educational plan of the school. In this way, health education can be integrated into all school subjects and accordingly the responsibility of the teacher, in every subject, is emphasized.

Co-operation and interaction between the school and home is made more effective, and there is more responsibility for health care also at the community level and co-operation between other institutions carrying out health education has increased. It is most important that community-level leaders are available in schools. The supervisory committee offers support through training that concerns the programme, and which is directed to teachers and healthcare personnel. In this way, commitment to the programme and correct implementation are guaranteed.